### **FORM D**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

SEP 032008

Washington, DG

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076

Expires: August 31, 2008 Estimated Average burden hours per form . . . . . 16.00

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Name of Offering: LAFITTE FUND I (QP	) LP - Offering of	Limited Partner:	ship Interests		
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing:	New Filing	☐ Amendment			
	A. B	ASIC IDENTIFICATION	TIO <u>N DATA</u>		
1. Enter the information requested about the is	suer				
Name of Issuer ( check if this is an an	nendment and name ha	s changed, and indica	ite change.)		
LAFITTE FUND I (QP) LP					
Address of Executive Offices	(Number	and Street, City, State	, Zip Code)	Telephone Numbe	
c/o Lafitte Capital Management LP, 701 Brazo	s Street, Suite 310, Au	stin, Texas 78701	,	(512) 478-1271	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number					08059418
Brief Description of Business: To operate a	ıs a private investn	nent limited partn	ership.		
Type of Business Organization	<del>-</del>				
□ corporation	☑ limited partner	ship, already formed	□ o	ther (please specify):	
☐ business trust	☐ limited partner	ship, to be formed			
Actual or Estimated Date of Incorporation or C	Organization:	Month 0 5	Year 0	5 🗷 Actual	☐ Estimated
Jurisdiction of Incorporation: (Enter two-letter CN for Canada	U.S. Postal Service Alda; FN for other foreign			Т	х

#### **GENERAL INSTRUCTIONS**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Each promoter of the issuer, if the issuer has been organized within the past five years;  Each breneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  Each breneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  Each executive Officer and director of corporate issues and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Pull Name (Last name first, if individual)  LAFITTE CAPITAL PARTNERS LP. (the "General Partner" or the "CP")  Business or Residence Address (Number and Street, City, State, Zip Code)  Colo Lalitte Capital Management LP, 701 Brazoo Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Promoter   Beneficial Owner   Manager of the GP   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  LAFITTE CAPITAL MANAGEMENT LP (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Manager of the GP   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)				A. BASIC IDENTII	FICATION DATA		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and leave the partnership issuers and partnership issuers.  Check Box(ex) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Managing Partner Full Name (Last name first, if individual)  LAFITTE CAPITAL PARTNERS LP (the "General Partner" or the "GP")  Business or Residence Address (Number and Street, City, State, Zip Code)  Clock Box(ex) that Apply:   Promoter   Beneficial Owner   Manager   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  LAFITTE CAPITAL MANAGEMENT LP (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(ex) that Apply:   Promoter   Beneficial Owner   Manager of the GP and IM   Manager of the Apply:   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  6 Laftite Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(ex) that Apply:   Promoter   Beneficial Owner   Manager of the GP and IM   Managering Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(ex) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(ex) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)	2. Enter the	e information	requested for the foll	owing:	· · · · · · · · · · · · · · · · · · ·		
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	<ul> <li>Each pro</li> </ul>	omoter of the	issuer, if the issuer ha	s been organized within the pa	st five years;		
Check Box(es) that Apply:   Primoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Pull Name (Last name first, if individual)  LAFITTE CAPITAL PARTNERS LP (the "General Partner" or the "GP")  Business or Residence Address (Number and Street, City, State, Zip Code)  Go Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Primoter   Beneficial Owner   Manager of the GP and IM  REGAN, BRYANT J.  Business or Residence Address (Number and Street, City, State, Zip Code)  Go Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Primoter   Beneficial Owner   Manager of the GP and IM  REGAN, BRYANT J.  Business or Residence Address (Number and Street, City, State, Zip Code)  Go Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Primoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)	<ul> <li>Each ber</li> </ul>	neficial owne	r having the power to	vote or dispose, or direct the vo	ote or disposition of, 10% or m	nore of a class of equ	nty securities of the issuer;
Check Box(es) that Apply:	<ul> <li>Each exe</li> </ul>	ecutive office	r and director of corp	orate issuers and of corporate g	eneral and managing partners	of partnership issuer	rs; and
Full Name (Last name first, if individual)  LAFITTE CAPITAL PARTNERS LP (the "General Partner" or the "GP")  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Promoter   Beneficial Owner   Manager   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  LAFITTE CAPITAL MANAGEMENT LP (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Promoter   Beneficial Owner   Manager of the GP   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  REGAN, BRYANT J.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)	Each ger	neral and mai	naging partner of part	nership issuers.			
Business or Residence Address (Number and Street, City, State, Zip Code)  C/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:	Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:	Full Name (Last name	me first, if in	dividual)				
Check Box(es) that Apply: Promoter Beneficial Owner Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply: Promoter Beneficial Owner Street, City, State, Zip Code)  LAFITTE CAPITAL MANAGEMENT LP (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply: Promoter Beneficial Owner Of the GP and IM  REGAN, BRYANT J.  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	LAFITTE CAPITA	L PARTNE	RS LP (the "General	Partner" or the "GP")			
Check Box(es) that Apply:	Business or Resider	nce Address	(Number and Street,	City, State, Zip Code)			
Full Name (Last name first, if individual)  LAFITTE CAPITAL MANAGEMENT LP (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:    S	c/o Lafitte Capital N	Management	LP, 701 Brazos Street	, Suite 310, Austin, Texas 787	01		
LAFITTE CAPITAL MANAGEMENT LP (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:  Promoter  Beneficial Owner  Manager of the GP  Director  General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  C/O Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)	Check Box(es) that	Apply:	Promoter	☐ Beneficial Owner	☑ Investment Manager	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)  701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:  Promoter  Beneficial Owner  Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)	Full Name (Last name	me first, if in	dividual)				
Check Box(es) that Apply:	LAFITTE CAPITA	L MANAGI	EMENT LP (the "Inv	estment Manager" or the "IM"	")		
Check Box(es) that Apply:				City, State, Zip Code)			
Full Name (Last name first, if individual)  REGAN, BRYANT J.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)					A		
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:				☐ Beneficial Owner	<del>-</del>	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:			dividual)				
C/o Lafitte Capital Management LP, 701 Brazos Street, Suite 310, Austin, Texas 78701  Check Box(es) that Apply:							
Check Box(es) that Apply:	Business or Resider	nce Address	(Number and Street,	City, State, Zip Code)			
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	c/o Lafitte Capital M	Management	LP, 701 Brazos Street	, Suite 310, Austin, Texas 787	01		
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address  (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter  Beneficial Owner  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)	Full Name (Last name	me first, if in	dividual)				
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	Business or Resider	nce Address	(Number and Street,	City, State, Zip Code)			
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Check Box(es) that Apply:	Full Name (Last name	me first, if in	dividual)				<u>.</u>
Full Name (Last name first, if individual)	Business or Resider	nce Address	(Number and Street,	City, State, Zip Code)			
	Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name	me first, if in	dividual)				
	Business or Resider	nce Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if individual)	Full Name (Last name	me first, if in	dividual)				
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Resider	nce Address	(Number and Street,	City, State, Zip Code)			

··					B. I	NFORMA	TION A	BOUT O	FERING	;				
													Yes	No
1.	Has the issuer	sold, or do	es the issue	er intend to					-				🗖	$\boxtimes$
2.	What is the mi	inimum ins	sectment the	at will be a				umn 2, if fi	_				\$500.	000 <b>*</b>
2.	What is the in	iiiiiiaiii iiiv	restinent til	at will be at	серкей по	in any more	ridual :	***************************************		***************************************	••••••	***************************************	Yes	No
*(A	ny lesser am	ount is a	t the sole	discretio	n of the	General i	Partner.)							
3.	Does the offer				•		•			**************			×	
4.	Enter the info solicitation of registered with a broker or dea	purchasers the SEC a	s in connec and/or with	tion with s a state or s	ales of sec tates, list tl	urities in the name of	he offering the broker	. If a perso or dealer. I	on to be lis	ted is an as	sociated p	erson or ag	ent of a bro	ker or dealer
Full	Name (Last nar	ne first, if i	individual)											
NOI	NE													
Bus	iness or Resider	ice Address	s (Number :	and Street,	City, State,	Zip Code)								
Nan	ne of Associated	Broker or	Dealer											
													·	
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	is to Solici	t Purchaser	5							
	(Check "All S			•					•••••				All	States
	(AL) [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT] [ME]	(DE)	[DC]	[FL]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	(MT)	[NE]	[NV]	[NH]	[LN]	[LA] [NM]	[NY]	(MD) [NC]	[MA] [ND]	[MI] [OH]	[OK]	[OR]	[PA]	
	[RJ]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[vvj	įwij	[WY]	[PR]	
Full	Name (Last nai	ne first, if i	individual)											
Bus	iness or Resider	nce Address	s (Numbe	r and Street	, City, Stat	e, Zip Code	<del>:</del> )							
Nan	ne of Associated	Broker or	Dealer			1 1								
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Stat	es in Which Per												<b>-</b>	٥.
	(Check "All St	tates" or ch [AK]	eck individ	lual States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)		States
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	(NM) (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	(OR) [WY]	[PA] [PR]	
Full	Name (Last nai			LIM	[1A]	[UI]	[41]	[VA]	[WA]		[**1]	[ 144 1 ]	<u> [[K]</u>	<del></del>
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Bus	iness or Resider	nce Address	s (Numbe	r and Street	, City, Stat	e, Zip Code	e)							
) I		L Day S	D!										<del></del>	
Nan	ne of Associated	l Broker or	Dealer											
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	is to Solici	t Purchasen	S							
	(Check "All S	tates" or ch	eck individ	lual States)									🗖 Ali	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	(LA) [NM]	[ME] [NY]	(MD) [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	(RI)	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \preceq \) and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price (1) Sold (2) Debt ..... Equity ..... ☐ Common ☐ Preferred Convertible Securities (including warrants). Partnership Interests. \$ 750,000,000 \$59,851,636 Other (specify) \$59,851,636 Total..... \$ 750,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount investors (2) of Purchases (2) Accredited Investors \$ 59,851,636 Non-accredited Investors 0 N/A N/A Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering **Dollar Amount** Type of Security Sold Rule 505 N/A N/A N/A N/A Regulation A Rule 504 ..... N/A N/A N/A N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. $\boxtimes$ \$ -0-Transfer Agent's Fees $\boxtimes$ Printing and Engraving Costs \$\_-0- $\boxtimes$ \$ 40,000 Legal Fees $\boxtimes$ Accounting Fees ...... \$ 5,000 |X|Engineering Fees.... \$ -0- $|\mathbf{x}|$ Sales Commissions (specify finders' fees separately) \$ <u>-0-</u> Other Expenses (identify) Blue Sky filing fees $|\mathbf{X}|$ \$ 5,000 X \$ 50,000 (3) (1) Open-end fund. The maximum aggregate offering price is estimated solely for the purpose of this filing. (2) The number of investors may include sales to U.S. and non-U.S. persons.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(3) Reflects an estimate of initial costs only.

	C. OFFERING FRI	CE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF TROCEED	<del> </del>
	total expenses furnished in response to Part C	gate offering price given in response to Part C - Question 1 and C - Question 4.a. This difference is the "adjusted gross proceeds	\$ <u>749.</u>	9 <u>50,000</u>
5.	the purposes shown. If the amount for any pu	oss proceeds to the issuer used or proposed to be used for each of propose is not known, furnish an estimate and check the box to the its listed must equal the adjusted gross proceeds to the issuer set we.		
			Payments to Officers, Directors, and Affiliates	Payments to Others
	Salaries and fees		X \$ (4)	□ \$ <u> </u>
	Purchases of real estate		<b>G</b> \$	□ \$
	Purchase, rental or leasing and installation of	machinery and equipment	<b></b> \$	□ \$
	Construction or leasing of plant buildings and	facilities	<b>-</b> \$	□ \$
	Acquisition of other businesses (including the may be used in exchange for the assets or section)	value of securities involved in this offering that urities of another issuer pursuant to a merger)	□ \$	□ \$
	Repayment of indebtedness		□ \$	<b></b>
	Working capital		□ \$	<b></b>
	Other (specify): Portfolio Investments		□ \$	<b>⊠</b> \$ <u>749,950,000</u>
	Column Totals		X \$_(4)	<b>≥</b> \$749,950,000
	Total Payments Listed (column totals added).		<b>区</b> \$	49,950,000
		D. FEDERAL SIGNATURE		
in u ion	ndertaking by the issuer to furnish to the U.S. Saccredited investor pursuant to paragraph (b)(2			
	er (Print or Type) FITTE FUND I (QP) LP	Signature	8 - 7 8 -	. 08
LAI	ne of Signer (Print or Type) TITTE CAPITAL PARTNERS LP, E GENERAL PARTNER	Title of Signer (Print or Type)		
	LAFITTE CAPITAL, LLC, E GENERAL PARTNER			
<b>3</b> Y∶	BRYANT J. REGAN, MANAGER	MANAGER OF LAFITTE CAPITAL, LLC, THE GENER THE GENERAL PARTNER OF THE ISSUER	RAL PARTNER OF	

(4) Lafitte Capital Management LP, the Investment Manager, is entitled to receive a management fee. Lafitte Capital Partners LP, the General Partner, is entitled to receive a performance allocation. The management fee and the performance allocation are discussed in greater detail in the Issuer's confidential offering materials.

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_		E. STATE SIGNATURE						
				Yes	No			
1.	Is any party described in 17 CFR 230.262 p	presently subject to any of the disqualification provisions of such	rule?					
		See Appendix, Column 5, for state response. NOT APPLI	<u>CABLE</u>					
2.	The undersigned issuer hereby undertakes such times as required by state law.	to furnish to any state administrator of any state in which this no	tice is filed, a notice on Fo	rm D (17 CFR	. 239.500) at			
3.	The undersigned issuer hereby undertakes t	o furnish to the state administrators, upon written request, inform	nation furnished by the issu	er to offerees.				
4.	(ULOE) of the state in which this notice i	issuer is familiar with the conditions that must be satisfied to be satisfied						
per	e issuer has read this notification and knows the son.	he contents to be true and has duly caused this notice to be signe  Signature	d on its behalf by the under	signed duly au	nthorized			
	FITTE FUND I (QP) LP	8-29		-03				
La	ne (Print or Type) FITTE CAPITAL PARTNERS LP, E GENERAL PARTNER	Title (Print or Type)		-				
	: LAFITTE CAPITAL, LLC, E GENERAL PARTNER							
Βy	MANAGER OF LAFITTE CAPITAL, LLC, THE GENERAL PARTNER OF, THE GENERAL PARTNER OF THE ISSUER							

#### Instruction.

Manager

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	···			APP	ENDIX				<u> </u>	
1	Intend to non-a investor	d to sell accredited rs in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pure	nvestor and chased in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	\$750,000,000 in Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK									ļ	
AZ					· · · · · · · · · · · · · · · · · · ·					
AR									ļ	
CA									<del> </del>	
CO		х	See Above	2	\$1,500,000	N/A	N/A	N/A	N/A	
СТ										
DE							-			
DC										
FL		X	See Above	3	\$2,275,136	N/A	N/A	N/A	N/A	
GA		X	See Above	2	\$750,153	N/A	N/A	N/A	N/A	
ні									ļ	
ID									ļ <u> </u>	
IL		X	See Above	1	\$1,000,000	N/A	N/A	N/A	N/A	
IN									<u> </u>	
IA		]								
KS										
KY										
LA									<del> </del>	
ME					<del></del>				<del> </del>	
MD					V				<del> </del>	
MA	<u> </u>				<del></del>				<del> </del>	
MI									<del> </del>	
MN	<u> </u>							/	<del> </del>	
MS										
МО			_							
MT										
NE	_									
NV		<u> </u>				1			<u> </u>	

				APF	PENDIX				
1	Intendente to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE , attach ation of granted) -ltem 1)
State	(Part B-Item I) Yes No		\$750,000,000 in Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NH									
NJ									
NM									
NY		х	See Above	2	\$7,150,772	N/A	N/A	N/A	N/A
NC				:	,				
ND					ı				
ОН									
ок									
OR							:		•
PA									
RI									
sc									
SD									
TN									
TX		x	See Above	23	<b>\$44,475,593</b>	N/A	N/A	N/A	N/A
UT									
VΤ									
VA									
WA									
wv									
WI		х	See Above	1	\$2,200,000	N/A	N/A	N/A_	N/A
WY					. ,				
PR						-			

